

JC961 U.S. PTO  
10/24/01

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JC996 U.S. PTO  
10/032962  
10/24/01

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Matthew Heidner

Serial No.: Unknown

Filing Date: October 24, 2001

For: DISTAL BALLOON WAIST MATERIAL RELIEF  
AND METHOD OF MANUFACTURE

Docket No.: 1001.1479101

**TRANSMITTAL SHEET**

**Box Patent Application**

The Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

**CERTIFICATE UNDER 37 C.F.R. 1.10:** The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of : EL901546463US, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 24th day of October, 2001.

By

Jolene Alger

We are transmitting herewith the attached Patent Application including the following:

- [ X ] 19 sheets of specification.
- [ X ] 22 claims.
- [ X ] 1 sheet of Abstract.
- [ X ] 2 sheets of informal drawings.
- [ X ] Executed Declaration and Power of Attorney.
- [ ] A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.
- [ X ] An Assignment of the invention to SciMed Life Systems, Inc. is being filed contemporaneous with this patent application.
- [ ] A certified copy of a \_\_\_\_\_ application, serial no. \_\_\_\_\_, filed \_\_\_\_\_, 19\_\_\_\_, the right of priority of which is claimed under 35 U.S.C. 119.

| CLAIMS AS FILED                        |         |         |              |       |          |       |
|--|---------|---------|--------------|-------|----------|-------|
|  | (1)     | (2)     | SMALL ENTITY |       | OTHER    |       |
| FOR:                                   | # FILED | # EXTRA | Rate         | Fee   | Rate     | Fee   |
| BASIC FEE                              |         |         |              | \$370 |          | \$740 |
| TOTAL CLAIMS                           | 22-20 = | 2       | x9=          | \$    | x18=     | \$36  |
| INDEPENDENT CLAIMS                     | 3-3 =   | 0       | X42=         | \$    | X84=     | \$0   |
| ( ) MULTIPLE DEPENDENT CLAIM PRESENTED |         |         | +140=        | \$    | +280=    | \$0   |
| TOTAL                                  |         |         | \$           |       | \$776.00 |       |

\*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[ ] Other \_\_\_\_\_.

[ X ] A check in the amount of \$ 776.00 is enclosed.

[XXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

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